



**City of Greenville**  
**Finance/ Revenue**  
**P.O. Box 7207**  
**Greenville, NC 27835**  
**252-329-4450**

# HOME OCCUPATION ASSESSMENT FORM

I, \_\_\_\_\_; hereby request to operate  
 (Print Full Name)

\_\_\_\_\_ at the following location:  
 (Type of Business Activity)

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 (Street Address of Residence)

**Dwelling Type:** \_\_\_\_\_ Single Family Detached Home  
 \_\_\_\_\_ Duplex  
 \_\_\_\_\_ Multi-Family (i.e. Apartments)

**Characteristics of Activity**

1. Does the activity involve the sale of products or delivery of services at the residential address specified above? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_  
 \_\_\_\_\_
2. Does the activity involve assembly or manufacture of products at the address specified above? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_  
 \_\_\_\_\_
3. Does the activity involve distribution, reception, or storage of materials or products at the address specified above: \_\_\_\_\_ (If yes, explain) \_\_\_\_\_  
 \_\_\_\_\_
4. Total number of persons who provide assistance at the address listed above or are employed in the activity: \_\_\_\_\_. (If any) Are they paid or volunteers? \_\_\_\_\_
5. Number of persons listed in the question above (number 4) who are not full time residents at the subject address: \_\_\_\_\_.

6. Number of available parking spaces (minimum 9'x18' per space): \_\_\_\_\_.  
NOTE – ON STREET PARKING AND/OR PARKING ON ADJACENT LOT(S) DO NOT QUALIFY.

7. Estimated number of trips (visits) per day from persons (patrons) requesting products or services: \_\_\_\_\_; Do trips overlap? (If yes, explain) \_\_\_\_\_

8. Will the activity be visible from any adjacent street or property line of the address listed by you on the reverse of this form? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

9. Will the activity require advertisements? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

10. Will the activity generate noise, odor, fumes, smoke, or other similar characteristics at the address listed by you on the reverse of this form? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

11. Number of vehicles and/or trailers used in connection with the activity that will be parked or stored at the address listed by you on the reverse of this form: \_\_\_\_\_.

Description of each: \_\_\_\_\_.

12. Describe the specific areas (rooms), within the dwelling where the activity will be conducted:

13. Describe the method of operation: \_\_\_\_\_

The aforesaid is a complete description of the proposed activity. I agree to amend the assessment form and resubmit the same for reconsideration and approval prior to any change in the activity as listed under items 1-13 above.

I further understand that a special use permit of the Board of Adjustment may be required prior to any operation of the activity.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_